



| EXPERIENCE THE DIFFERENCE |

Consumer Online Banking / Bill Pay

Online Banking:

Account Holder Information: _____ Date: _____

Customer Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

SSN or Taxpayer ID: _____ Birthday: _____

Mother's Maiden Name: _____

E-Mail Address: _____

User ID: _____

Temporary Password: Will Be The Last Four Of Your SSN

Please list the account number and type of account that you would like to access through Internet Banking.

Acct# _____ Acct Type: _____

Acct# _____ Acct Type: _____

Acct# _____ Acct Type: _____

Acct# _____ Acct Type: _____

Acct# _____ Acct Type: _____

Note: Federal regulations allow only six (6) transfers or withdrawals per calendar month from savings accounts.

Authorized Signature: _____ Bank authorized Signature: _____ Date: _____

Optional Bill Pay:

Account Number from which bills will be paid: _____

In addition to the account access I have indicated above, I would also like the bank to provide Bill Pay. I authorize First Freedom Bank to debit my account for any payments I direct to be made through the Bill Payment service. I agree to pay a monthly fee of \$6 per month up to 1 transactions and .45 per transaction after 15 within a month, unless the account is Net Checking.

Account Owner Signature

Date

Bank use only:

Date received: _____ Employee signature: _____

Date setup in OLB: _____ Setup by: _____